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DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Continued from page 277.]

THERE is another particular respecting the internal affection which is deserving of more than passing notice. Why is the throat so often and severely attacked? It is so universal, that it may be said to be the least changeable of all the symptoms, the one to be most surely depended upon. We are referred to the specific action of the poison. This explains nothing, unless the word specific is fully understood, and it is by some considered as a sort of fiat of the Creator, that such and such results should follow without any adequate cause. We are not to believe that a specific in medicine, is one acting by a general law, always fixed and unvarying; there is no specific, but a relation between agents and the body, constantly varying with the changes of the latter.

A medicine, or a poison, in which latter class we of course place the morbific cause of fevers, enters the system, but does not when acting constitutionally seize on a particular part of the body, as an intelligent agent would do. Some medicines taken, act locally at first, and secondarily in consequence of their primary effect upon the general system, as a purgative for instance. But my remarks are meant to apply to medicines operating locally, having been constitutionally applied, as senega. Now a medicine or a poison thus acting, whether through the blood or through the nervous system, must have a tendency to affect all parts of the body, nor could we tell, *à priori*, whether it would act on this or that organ, except on trial; but having obtained a little knowledge of the article, we may make a guess as to its operation in other cases. Knowing that a substance is emetic, we can come very near its general action on the skin, bowels, heart, &c. Medicines, in all probability, act upon the various parts of the body by producing changes by direct contact. Lytta produces strangury when introduced into the system, by one way or another. Tart. ant. inflames the stomach when injected into the veins, as well as when swallowed. Quinia is equally effective, given endermically, by the mouth, or the rectum. Liebig has thus shown the combination of morphine and arsenic with the tissues, so that knowing the amount of animal tissue a given amount of arsenic is capable of combination with, so as to resist the chemical changes requisite for life, he can determine with some accuracy the amount necessary to produce death. It is difficult to prove

the same respecting poisons acting with the rapidity of hydrocyanic acid, but my own opinion is, that it thus acts, since the venules are so rapid in their work that it may be detected in a minute or two in the blood. Every organ in the body has some peculiar duty assigned it, and to perform this duty has a different endowment both as regards organization and vitality. The gland secreting urine must possess certain attributes not possessed by a gland secreting saliva, though this galvanoid property seems sometimes capable of migration, under extraordinary states of the economy. It is this different constitution which renders an organ more or less susceptible of the operation of a medicine; the same medicine may possess one action on one organ, and a totally different one on another. Digitalis acts as a sedative to the heart, but a stimulant to the kidneys. Changes are produced by the medicine upon the circulating fluid, such that when passing through the system there is little or no relation between the organic particles and the medicinal substance, unless the fluid passes through some organ with whose peculiar action the changed fluid now has some vital, or more probably, chemical connection. We are then to look after the difference between such organs before we can learn the cause of specific action. We shall unquestionably find the chemical constitution of the agent if a medicine, is peculiarly related to the chemical constitution of the organ. The vital power we know little about, and although existing, we are every year hearing less of it in the explanation of phenomena.

There is another mode of explaining this apparent specific action on the throat. We know that the lungs are much disposed to take on inflammation, from their being most exposed to rapid changes of temperature, especially at the time when the body is beginning to lose its vigor with advancing age. The great extent of intestine in children, and improper ingesta acting upon these, are the exciting cause of bowel complaints at this age. May there not be some such disposition of parts, which peculiarly excites the inflammatory action in the throat, in the disease now under consideration? We may take the first hypothesis, and call it specific in the sense explained, or take the latter, which suits me much better. Billard has shown the connection between disease of the skin and mucous membrane, and we find the red and fiery tongue fully illustrating it, not as anything specific, but a genuine inflammation from continuity of tissue. It is well known that parts exposed to the air take on inflammatory action more speedily than those protected, and the care nature takes to speedily cover an exposed surface with a scab, shows her appreciation of the fact. The little excitement attending sub-cutaneous tenotomy is a still stronger proof of the same thing. We have in the throat a combination of causes sufficient to explain this phenomenon, without being obliged to rest in anything more specific. Anatomy tells us that there is in this region a great development of the mucous membrane, necessary for the purposes of more freely lubricating the part and to permit greater distension; there are two arches of the palate, containing between them the amygdalæ, a congeries of mucous follicles intimately adherent to the mucous membrane, which sends numerous processes between them;

the tissue is also particularly relaxed, thus allowing the tone of the parts more easily to yield to external or exciting causes. Dr. Mott has remarked respecting amputated stumps, that if the flaps are loose and do not fit snug, sloughing is extremely apt to follow; the same thing here permits sloughing quickly to ensue. Moreover, the parts are situated so that they are constantly receiving a fresh current of air, the oxygen of which must necessarily exercise a powerful influence upon them. For these causes there is no part of the body more frequently inflamed, not even the bronchial linings, to which the same remarks hold good. It is true the parts are fitted to do their duty, but disease unfitting the whole system, allows ordinary causes to produce effects which in a state of health would never have been produced. The poison of scarlet fever is eminently exhausting, eminently predisposing to inflammation, more so even than that of ordinary fevers, and it always follows severe cases unless death anticipates its development.

Respecting the acrid discharge from the nostrils, all agree that it is a very bad symptom; it arises from the inability of the fluid to descend behind, from the swollen state of the parts, and from the anterior portion of the schneiderian membrane becoming involved, Nature attempts to relieve herself as in what is called a cold in the head, but the diseased blood and abnormal action of the membrane causes a secretion so acrid, that the face, unless protected, is excoriated. The same fluid is abundantly able to excite diarrhœa or croup if applied, as it easily might be, to the digestive canal or the tracheal membrane.

Thus far we have not had much difficulty with the disease, but in examining its treatment we shall have more to say respecting certain points which have been the cause of great differences among physicians. We are to understand that it is a disease essentially prostrating, and we are to obviate this tendency. This opinion has been steadily gaining ground against the advocates of a different practice, and notwithstanding the failures of those who acted on the Brunonian system, but without a proper knowledge of the methods of subduing inflammatory symptoms, or the *modus operandi* of remedial agents. I have seen many carried off in a severe epidemic by too antiphlogistic a course having been pursued, while a different one, or even no treatment at all, was sufficient for cases equally bad. A gentleman, after losing many of his patients in rapid succession, candidly said that he thought he had pursued the antiphlogistic course too far, yet he deservedly holds as high rank as a scientific physician as any man in the State. It wholly arose from not properly appreciating the nature of inflammation. The same epidemic presented no uncommon difficulties to others of the profession. Having a true view of the case, we shall be the better able to guard against the two dangers.

Before entering upon the treatment, we must refer to a few peculiarities by which the general course of the fever is disturbed. There is no disease which has presented itself under more phases than scarlatina, but it assumes these in common with other disorders under epidemic influences. We know that under one constitution of the season there will be found

symptoms of gastric derangement in acute disease, the taste bitter, sense of weariness, tongue loaded with a thick white or brown fur, costiveness or diarrhœa. The constitution changes slowly, and we have a different state of action, full pulse, red tongue; cases demanding what is called an antiphlogistic treatment. Again we have a season when all diseases demand either a total abstinence from all depletion, or a ready use of tonics or stimulants. Bearing this fact in mind, we shall be enabled to account for the success of particular remedies at particular times, which, not acting upon the general disease, possess no property which ensures future usefulness, but which by relieving some complication or train of symptoms, have for that particular period been crowned with success; for the more sound we can keep several organs, the more chance has Nature in overcoming the disease in the remaining.

In the first place, it is a disease which cannot be cut short. I believe a definite time is requisite for the depuration of the system, but its course may be greatly modified. It has most essentially contributed to modern success in fevers, that physicians have renounced the idea of cutting them short, unless it may be slight inflammatory fever. By pursuing a contrary course, I doubt not more patients have been cut off than fevers. It is by *ameliorating individual symptoms*, combined with a judicious regard to the whole economy, that we are to hope for success. This we may truly say has divested typhus of its terrors—thanks to the genius of France and the practical talent of Great Britain. Do we, then, possess any agent capable of ameliorating the future progress of the disease? I think we have one. Whenever called to a case, unless there is something to contra-indicate, I always administer an emetic of ipecac., or this and antimony. Withering, one of the earliest and best writers on this subject, speaks of the emetic in the highest terms, saying that it seldom failed to cut short the disease, or if the capillaries are injected and the system feels the effects of the poison, it removes the anxiety, faintness and delirium. Other early writers state that they broke up the disease, but that it came on again a few days after. Almost all writers, from that time to this, laud emetics as extremely useful. I have had much more reason to regret their non-administration, than their too free use. Undoubtedly they are more advantageous at one season than another; when there is great gastric disturbance with foul tongue, they will prove doubly so, but no general remedy will be found more universally applicable. An epidemic once prevailed in this State, during which an empiric was very successful, his treatment consisting in an heroic emetic of saltpetre and bloodroot; the disease was then left to itself, excepting the use of an astringent drink and gargle. The physiological effect of the emetic will be passed over as a subject, trite, and as well understood as I could explain. It is, however, to be borne in mind that the existence of great nausea and vomiting do not contra-indicate its administration, unless there is pain on pressure over the epigastrium. This nausea, as was stated further back, is dependent upon nervous lesion in the brain, perhaps congestion, or a state resembling that following concussion. Here I have found emetics answer equally well, and by removing the cerebral dis-

turbance, have relieved the stomach also. The rash will frequently be seen rapidly appearing after this concussion of the system.

It is generally considered a matter of great importance that there should be a complete efflorescence, and there is no doubt that, as a general thing, it is well that it should be pretty well developed; but it is also true that there should be a proper relation between the several phenomena of the fever; if any of them are too strongly marked, it is apt to interfere with the regular and safe progress of the disease. Still, a bright, intense scarlet, in one unbroken sheet, I have ever found a bad symptom, and, as has been stated, Graves remarked the same during an epidemic at Dublin. The more common state, however, requiring treatment, is that, where there is no efflorescence, either from its not having appeared or having receded. The emetic often hastens its appearance, and I have seen it come out after a draught of cold water. When there is no eruption, there is extreme danger of congestions, though this is not always so, and we must attribute death to some other action of the poison. The putrid sore throat not unfrequently assumes this appearance, running through the whole disease without any efflorescence. In this congestive form, there is nothing, the emetic excepted, and this hardly so, which is equal to *stimulating external applications*; they are not properly appreciated, though commonly advised. I have seen an eruption speedily appear, having its limit exactly marked by the height of the bath. In the Medical Examiner, Vol. III., page 467, are some most interesting remarks of Dr. Clutterbuck, before the Medical Society of London, on this subject. In a bad epidemic, he found stimulants bring up the pulse, but it soon fell, and nothing then did any good. After losing one or two members of a family, he ordered a mustard bath for another, presenting equally bad symptoms; by mistake, several pounds were put in, and the smarting soon became intolerable. After being in about five minutes, the skin was reddened and the rash covered the body. Dr. C. found mustard, thus applied, afterwards of much service. I have been told that a physician, somewhere in this State, saved a child, after all hopes had been given up, by enveloping it in cloth spread with mustard paste. I wish to recommend the mustard bath, and advise that it be made much stronger than is commonly the case. *Carb. Ammonia* will be found extremely useful, when there is great diminution of sensibility, with a pulse small and scarcely perceptible. *Musk* and *camphor* are also worthy of attention.

Before speaking further on bleeding in scarlatina, some remarks having been made further back, I would say, that we treat this disease too actively by internal agents, even in malignant cases, exceptions being made. The mild cases do very well of themselves, and it becomes us to be very careful in resorting to energetic measures, when we endeavor to expel an enemy with whose nature we are so little acquainted, and it is better to suffer the system unaided to contend against it, than throw obstacles in her way. Few die of this disease for want of medicine, and we should hardly know what unaided nature might accomplish were it not for the infinitesimal school of practitioners. A neighbor of mine in

despair gave up a child; it recovered: he stuck to the next, and it died. He was an energetic physician.

In a disease of apparently such intense action, it is no wonder that the lancet has been often called upon to play its part—sometimes, it is true, with benefit. Graves, in his Clinical Lectures, has mentioned cases where, under the most favorable circumstances, he resorted to venesection, yet the cases went on just as bad to a rapidly fatal termination. Venesection, then, has no power of emptying the system of the poison circulating in the veins, and is not to be used unless the epidemic constitution seems to demand it; even then it is barely tolerable, and generally unnecessary, unless it be to remove some complication. Even leeches are to be used with discretion, for unexpectedly bad results have sometimes followed. Such a case occured here not long since, where a noted practitioner applied a few leeches to the temples of a lady, who had the symptoms af intense fever, with incipient inflammation of the brain; an immediate collapse followed, terminating her life. Here was apparently a clear case indicating leeches. Still there are cases where they can and should be used, concerning which I will again remark. The present constitution does not require the lancet, nor when there is an epidemic constitution is the lancet *generally* useful in ordinary diseases. Sporadic cases bear it better. It was so with the puerperal fever of Hey; to him the lancet was indispensable, but nothing is more deadly than the lancet in the puerperal fever of hospitals. It is not cases with vivid eruption which best bear bleeding. Graves says, the cases with moderate eruption and very sore throats bore venesection best; which is in complete accordance with the theory advanced in the early part of this article. Nevertheless, it is evident that this method of depletion was not *generally* useful, and he would better have entirely dispensed with it. Stewart says that although congestion may demand depletion, yet it is only a proof of the want of vitality.

I am equally averse to the *indiscriminate* use of *tonics*, and much more so to that of stimulants, early. It is rare that they are thus called for, though sometimes the epidemic influence is such, or the state of the patient's constitution, that they may be demanded; be it remembered, they possess no specific power of cutting it short, and only assist nature in her resistance to disease. When required, sulph. zinc and sulph. quinia alone or in combination will be found very useful. Withering speaks of an epidemic where it was necessary to give at least a bottle of the best port daily to children; such cases must be rare. Carb. ammonia and wine whey may be earlier used, and with extremely pleasant effects. Cornell, in the New York Medical Gazette, has mentioned many cases of the great value of wine whey, even when there was much febrile commotion, and where we should as a general thing have been averse to its employment. Of capsicum I shall say more by and by. Tonics, of course, are required after any exhausting disease, or where there is extensive suppuration, as of the cervical glands.

Another general agent is *tart. antimony* in nauseating or even smaller doses. It has been a favorite with many persons, particularly Dr. Billing,

I have spoken of it as used as an emetic; but as here proposed I verily believe that in the cases where it is borne, the patient would have done just as well without. In one of the most intense cases, with the most vivid eruption I ever witnessed, where the child perished from croup, it was perfectly useless. In the severe cases attended with congestion, the small and extremely rapid pulse indicates nothing which will diminish the heart's action, for it is a pulse of oppression and irritability, not one demanding sedatives, so called. With a harder pulse, dry hot skin, and strength of body, or perhaps it would be better to say more vitality, particularly towards the close of the disease, when the peculiar effect of the poison is nearly expended, it is sometimes useful, especially when local difficulties are beginning to be manifest. It is a curious fact that as this disease runs on, a greater tone of the system is acquired, much better bearing depletion than during its height. This is applicable to exceptional cases, but they are not unfrequent. Antimony should, on the whole, be used but rarely, and then with great caution; when I have given it, it has been usually in the form of the aqueous solution or of the wine in combination with the liquid acetate of ammonia.

Another general agent is *affusion.* No one now-a-days writes on scarlatina without speaking of Currie; yet I think his suggestions not of as great value as they appear to many, nor are they fully carried out by physicians in this vicinity; for myself, I have never done it. In a case where one of my brethren applied cold sponging, it was always followed by increased delirium. It is not convenient, and moreover we have the authority of Chapman that it has been followed by sudden death. The patient will, however, be refreshed by bathing the hands and arms in cool water, or may be allowed freely to drink of it or to swallow small lumps of ice, after holding them in the mouth long enough to round off the angles. A cool airy chamber is necessary, and the patient should be made as comfortable as possible as respects temperature. There is a peculiarity to be noticed respecting the *thirst* of scarlatina; although it is generally considerable, yet it is not at all proportioned to the intensity of the fever, and I have seen cases where it was almost entirely wanting. It has sometimes appeared to me as a diagnostic mark. *There is less thirst than in any other violent fever.* Is this not owing to the uncommonly small evacuation of fluids by the natural emunctories, the skin being extremely arid and the kidneys greatly suspending their operation? The throat, too, which is the seat of the sensation of thirst, is put into a new state, which perhaps injures its specific sensibility. Ice may be freely allowed, and exercises a good influence upon the throat and fauces, constringing the swollen capillaries and delaying the chemical changes on which disorganization depends.

Purgatives are the next in order. I always used to commence the treatment with an emetic, and follow it with a dose of calomel. Of late, it has appeared better after the emetic to give some mild eccoprotic, as the soda mixture or oil. Not that calomel has ever appeared to me, when used thus, to do any harm, but it is best not to conflict with public opinion unless there is some satisfactory reason for it; and I can say the above

practice answers just as well. There may be cases, however, where in scarlet fever, as in other diseases, this medicine is a useful adjunct to our treatment, as where there is congestion of the liver and portal system, where there is nausea with thick fur and bitter taste, stools deficient in bile, &c. Dr. Douglass, of Boston, many years since, strongly recommended that the system be fully put under the influence of mercury in bad cases, and he has had many followers since; but it is bad practice in simple or congestive scarlatina; and Andral has shown the reason: there is but a slight increase of fibrine in the blood, and it is particularly upon this element mercury exhibits its power. The person mentioned who was for a time so unfortunate with his cases, relied much upon it in his practice. Towards the close of the disease there are secondary symptoms, highly inflammatory and not unfrequently treated by bark; here calomel, in purging or constitutional doses, will be found much more useful, Andral's experiments showing that there is increase of fibrine. This is Underwood's treatment, who has written an excellent article on the subject.

A remedy to which I wish to call attention, is the *wine of colchicum*. This article I think I first saw recommended in the Boston Medical and Surgical Journal, though I may be mistaken. My opportunities after this for a time were such, that I could not investigate its properties, not thinking it proper to depart from my usual mild treatment, there being no severe epidemic; nor did I like to venture upon a remedy, doubtful as to its effects, and whose action upon the system seemed hardly compatible with what I knew of the fever. But during an epidemic, one of our oldest and most distinguished practitioners, having a case of great danger, used it with such marked success, that my confidence began to rise. This gentleman stated further that his son, practising in a neighboring town, had been so peculiarly successful in an epidemic, that he had acquired much reputation, his principal remedy being colchicum. Since this period I have been in the constant use of it in severe cases, and think it has proved eminently serviceable.

This drug possesses some very active properties; it has long been used as an antiphlogistic, as in rheumatism, gout, and certain diseases of the eye, and yet its operation is not altogether antiphlogistic. It has considerable influence in reducing the action of the heart, and is a powerful stimulant directly or indirectly to the alimentary canal; it has been thought useful in exciting the kidneys, and is a cholagogue. Respecting this latter property, it is probably by its stimulating the liver, through the sympathetic connection between the mouth of the gall-duct and the extremities of its ramifications. Upon the kidneys its operation is not well marked, though when it is restricted to these organs there is a considerable flow of urine. It has the property of causing the kidneys to eliminate certain matters from the blood, as urea, which may have an important bearing on the disease, for we know that on the decline of fever there is much of this matter thrown out in the form of uric acid, and the use of colchicum may be in hastening this process. It is to be remarked that colchicum does not produce its depressing or sedative effects by

operation on the bowels, for sometimes a person may have twenty stools and yet feel little bad effect. I should, however, caution against such a use of the drug, for violent purging could hardly but be bad in this disease. The discharge of bile from the liver causes in part this flux, and this very activity of secretion probably assists in the removal of the disease. It may be used at an early stage, in all cases except where there is complete prostration: sometimes, when there is almost a comatose state, skin pale, rapid and feeble pulse, where stimulants such as brandy would be found the general resort, we still find colchicum act with great benefit and save the patient. I have more commonly used it where there has appeared to be considerable energy in the circulation, and have hardly ever known a patient not benefited. My method has been to give it in small doses to suit the age of the patient, either alone or with hyoscyamus, to prevent its irritating the bowels; it should act upon these at the end of two or three days. I have an extremely interesting case in my note-book, of its marked utility, after other things had proved of little value, and where a diarrhœa was rather checked by its use. It is, however, too long for insertion.

[To be concluded next week.]

DR. TOWNSEND'S CASES OF FRACTURES IN THE MASSACHUSETTS GENERAL HOSPITAL.

[Concluded from p. 281.]

Case XII.—August 2. C. W., æt. 19. Patient was sitting on the top of a coach, which had been backed up to within three feet of the rails at the Worcester Railroad Depot. As the cars came in, the horses became frightened, and during the attempts to turn the coach, the locomotive struck it and crushed it to pieces. Patient does not know how he was injured; was brought immediately to Hospital.

On examination, find leg swinging to and fro at every movement; at the lower third of tibia, on its inside, a small opening three quarters of an inch long, through which blood issues freely, and which communicates with broken fragments of the tibia; on fibular side of leg a small opening, one inch lower than the other, the size of a pea, and extending to the fractured end of fibula. For about two inches below the end of upper fragment of tibia the bone appears to be crushed into several pieces. From ankle to upper third of leg is some swelling, with extensive crepitation of air. Pulsations of anterior and posterior tibial artery felt distinctly. Foot somewhat numb; toes cold and purple. Cover wounds with lint and adhesive plaster. Flex leg and place it on a pillow on its outside. Poppy fomentations to foot and toes. R. Sol. sulph. mag., ʒ vj., in morning.

3d.—Toes became warm after fomentation, but are still rather purple. Swelling of leg more than yesterday; considerable hæmorrhage during night from fibular opening. Wrap foot in flannel. Leg splint with foot-piece attached for limb to rest on.

4th.—Comfortable through day and night; toes of natural warmth; ankle and foot somewhat swollen.

8th.—Lint removed from wounds this morning, followed by a discharge of pus.

10th.—Discharge of matter from wounds very copious; a probe introduced into opening on inside of leg, passes freely up and down for two or three inches, striking against small and partially detached pieces of bone. Slight redness around fibular opening. Apply extension by means of L. Roe's apparatus, described in Case IV.

13th.—Attacked yesterday P. M. with chills, headache, pain in back, heat of skin and nausea; erythema around wounds. Bowels costive. Had an enema, after the operation of which, took pulv. Doveri, gr. x. This morning rather better, though headache continues. Tongue coated. Pulse 96. Heat and redness about wounds increased; discharge of pus dark colored and ill conditioned. R. Hydrarg. submur., gr. v.; pulv. antimonialis, grs. iij. M.

14th.—Better yesterday after operation of medicine. Slept well. This morning reports more comfortable. Countenance brighter; skin cooler. Pulse 90. Redness much the same. End of lower portion of fibula protruding slightly through opening, that of upper part nearly in same condition. Discharge continues free.

15th.—A piece of bone one and a half inch long, very pointed and rough, removed from fibular opening; also a semicircular piece from tibia; swelling and redness diminishing. Pulse 86. Appetite good.

17th.—Piece of fibula two inches long and of tibia one inch, removed this morning with forceps.

18th.—Improving in general health; erysipelas subsiding. R. Tr. quiniæ, gtts. xl., thrice daily. May have broiled chicken and wine ʒ iv. daily.

25th.—The lower fragment of the tibia is denuded for an inch or more.

Sept. 1st.—Strength much improved. Omit tr. quiniæ.

5th.—Considerable pain in limb all of yesterday; erysipelas again manifesting itself this morning. Omit meat and wine. R. Sulph. magnes., ʒ vi.; apply to limb creosote wash (ʒ j. to Oj.). R. Spiritus ætheris nitrosi, ʒ ss. every four hours.

11th.—Much better; redness and heat diminishing. Omit creosote wash.

13th.—Complains of burning pain in heel, which has excoriated and is somewhat inflamed. Apply creosote wash to heel.

14th.—Some sloughing of integuments about heel to-day, attended with much pain and inflammation. Apply a poultice to heel.

15th.—Yesterday noon was attacked with shivering and chills, languor and nausea, with great burning pain in fractured limb. Took ipecac., gr. x.; hydrarg. submur., gr. v., M., which induced vomiting and a discharge of hardened fæcal matter. This morning patient is languid, with a hard and full pulse, a furred tongue, together with some headache; leg much swollen, of a scarlet redness and pitting on pressure; excoriation of heel quite painful. R. Pulv. antimonial., gr. iv.; hydrarg. submur., gr. ij.,

M., now: and R. Pulv. ipecac. et opii, gr. vj.; pulv. antimonial., gr. iv., M., to-night.

16th.—Decidedly better this morning. Complains of slight headache, also some soreness of throat. Leg still continues to burn and is covered with small vesicles. R. Sulph. quiniæ, gr. ij. every 4 hours. May have wine, ʒ iv. daily.

18th.—Erysipelas extended into foot; heel quite painful. Reports some nausea. Tongue furred and dry. Pulse hard and full. Attacked this morning with diarrhœa. Omit wine and quinine. R. Pulv. ipecac., grs. xx. After every dejection, R. Mist. carb. calcis., ʒ ss.; and if necessary, R. Tinct. opii, gtts. x. May have wine whey and port wine and water occasionally. Gruel for dinner.

19th.—Limb much better this morning; discharge lessened. Diarrhœa checked after the exhibition of tr. opii. R. Tr. quiniæ, gtts. xl. every four hours. May have arrow root with port wine. Omit wine and quinine if contra-indicated in course of day. R. Pulv. Doveri, gr. x., if restless at night.

20th.—Rather better this morning. Erysipelas gradually leaving upper part of limb and concentrating in foot. Wine and quinine were omitted yesterday afternoon. R. Spirit. æth. nitros., ʒ j. every four hours.

21st.—Much better. Resume quinine, as on 19th inst.

23d.—Inflammation wholly subsided in leg. Omit creosote lotion.

25th.—Patient being desirous of returning home, and apprehending, if he remained in the house, another attack of erysipelas, was at his own request discharged. He was without difficulty removed to Worcester, and has since gradually improved. Subjoined is an extract from a letter received from him, dated Oct. 30. "My limb is progressing for the better very fast. I am now able to lift it from the bed without any support. The wound on the left side is healed, with the exception of a small opening; that on the outside is improving slowly; no more pieces of bone have made their appearance. The limb will probably be about two inches shorter than the other."

Case XIII.—Sept. 8th. P. B., æt. 47. Patient reports that he was crossing a street, when a cab turned a corner rapidly and came upon him; whilst attempting to save himself by stopping the horse, he was kicked by the animal about the middle of the left leg.

On examination, find an oblique fracture of the tibia, just below the middle of the leg. No injury of the fibula, consequently no shortening and not much distortion of limb. Patient reports that his right leg has been broken twice, and his left, once, previously.

9th.—Place leg on a pillow. Apply to limb compresses wet with mur. ammoniæ, ʒ j.; aceti, ʒ iv.; aquæ, Oj. M. R. Sulph. magnes., ʒ j.

10th.—Some inflammation and pain about fracture to-day. Apply six leeches to leg.

11th.—More swelling of limb to-day, but pain much less.

12th.—Swelling as yesterday. Apply common splints to limb, and bandages from toes to knee.

16th.—Swelling much subsided. To-day complains of rather more pain in limb. Omit splints. Apply to limb many-tailed bandage constantly wet with lotion of 9th inst.

19th.—Much easier to-day. Resume the use of splints.

22d.—No pain in limb. Swelling nearly subsided. Apply a starch bandage from toes to knee.

Oct. 8th.—Bandage removed. Union of bone strong; can walk with some assistance from a cane.

10th.—Discharged well.

VACCINATION IN SIAM.

[Continued from page 284.]

[In the remainder of Dr. Bradley's letter under date of February 20th, 1845, he corrects a mistake contained in the number of this Journal for July 26, 1843, where it was stated that vaccination could not be propagated at all from pustules of patients in Siam; whereas in 1840 he had been successful in the vaccination of 200 individuals from matter thus obtained, as was stated in the Journal of October 14, of that year. Dr. Bradley then proceeds:—]

I fear it will be yet a very long time ere the native physicians of Siam will become trust-worthy in this business. They have as yet been my bitterest opposers, and have forged a thousand lies and prejudices, and palmed them off upon this quack-ridden and quack-intoxicated people, to interpose a deadly obstacle to my progress in the work. But I have a young man under my training, an Indo-Portuguese—this country born—who is now of vast assistance to me in vaccinating, and who is getting himself a great name thereby among the princes and rulers of this people. When he goes out from my service to support himself by the medical profession, as he contemplates doing in a few months, he will be prepared, in some good degree, to feel the importance of great care to keep the vaccine virus alive, and will well know what are the best means to effect that object. He is calculating, as he well may do, to become a great man in Siam by the business of vaccinating alone; and I trust he will spare no pains to keep it a-going from year to year.

There are now some two or three Siamese physicians who have recently come over on the side of vaccination, and are endeavoring to carry on a line of the business independent of me. I greatly rejoice at this, and fervently hope there will be many such conversions to the cause of truth and humanity. Living witnesses in favor of the power of vaccination to protect the human system against the smallpox, are becoming so numerous and wide spread, and powerful in their influence, that the opposition of the medical faculty of Bangkok has become more silent than it was, and I have no doubt that it is in fact much diminished. They formerly published loudly that it was all an imposition that the kinepox would protect against the smallpox; but the light of truth has become so strong that thousands on thousands of the people know that it will protect, for they

have had many opportunities of seeing the vaccinated subjects standing unharmed in the very midst of the most malignant variola. Many in high life have taken great pains to test this question. A few weeks since, an officer of government told me, that what I had published of the protecting power of the kinepox was very strong and deeply interesting, and and that he only needed to wait a few more days to have his mind settled forever either with me or against me; for, said he, "my child that you vaccinated successfully, is now in the midst of the smallpox. One person has recently died of it, in the same house, and others are now breaking out with it." There have been hundreds of such cases, and they are now multiplying with greater ratio than ever before. Formerly none could be persuaded to come to me to be vaccinated. The only way I could procure subjects to operate upon, was to go around among the people and importune long with them, and give them ocular demonstration of the strength of my argument and of the soundness of my mind, which many questioned in my great earnestness to perform such a strange act, and that without money or price. Such demonstrations I would give them by leading about with me a child with a fresh pustule on his arm. Such exhibitions had great power; for they saw that the pustule was shaped just like a smallpox pustule, and that of course such a pustule was sign enough that the smallpox would never appear again in that individual. And they saw, too, that the subject was quite well in the very midst of the disease. But many, notwithstanding such apparent convictions, would still hold off, from a fear that there would be some trick revealed in the work at last, or that the common report, to wit, that many take the smallpox after vaccination, and all die of it that do so, will prove too true. Such foolish fears have, however, been much dissipated of late. Now, parents, masters and guardians come to me, earnestly requesting me to go to their houses to vaccinate, and they often bring their children to my house from a great distance, seeking the blessing. Indeed, the bare work of operating for the kinepox, without any importunity on my part, is becoming too much for me and my single assistant. Many of the princes and highest officers of government have already had all their children and servants successfully vaccinated. A few days since, I was credibly informed that his majesty the king is intending to have two of his own little children vaccinated by my assistant. A brother of the Phraklang, a man high in authority, and who has been exceedingly obstinate in his unbelief in vaccination, has just come over to the faith entirely, and has requested me to make arrangements to vaccinate all his children and servants as soon as possible. Thus is the good work progressing and overcoming all opposition.

I published in September last a full treatise on vaccination, of 34 pages, 12mo., 500 copies, in our smallest Siamese character. In that I endeavored to clear up every doubt, and give the people the truth, and nothing more than the truth, of the protecting power of the kinepox. I trust that work has done much good in preparing the way before me. I also printed 200 handbills on the same subject, some of which I had posted up in different parts of the city, and some I distributed by other

modes and sent them about the city and country. I have lately revised and re-printed the treatise, an edition of 1000 copies.

I had been informed that certain Siamese physicians were gulling the people with the idea that it is necessary to perform certain rites out of respect to the devil in the desiccating stage of the kinepox, as is their custom in the smallpox, with a view to induce this author of the disease, as they suppose, to depart from the subject of it and trouble him not with any diseased consequences. It is the custom for the physician to perform these ceremonies, for which he gets a fee of about thirty cents a head. The people being infinitely more credulous of lies than of truth, receive this doctrine as sober and important truth, and are fully willing to pay thirty cents for a good security against all ill consequences of vaccination. I took occasion, in the 2d edition of my treatise, to expose this satanic fabrication.

[Additional particulars, in letters dated March 4th and May 10th, are on hand, and will be published as soon as we can find room.]

HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Who shall decide when doctors disagree? Although a subscriber to your useful Journal, I confess, that diverted by the daily newspaper and other ephemerals, with which the press is teeming, I have not been so constant a reader of it as I ought; still, in casting my eye over the table of contents, I frequently find something that attracts my attention. In this way I noticed an article in the No. for Oct. 8th, "A Letter on Homœopathy," which I was induced to read, more by the oddity of its caption than the subject proposed. I was a good deal pleased with it, thinking it a candid, common-sense exposition of the whole concern, which if not universally approved of, was certainly not obnoxious to any severe criticism. But in your Journal of the 22d, I saw announced "a Review" of the article alluded to. The interest I had taken in the first led me to read the latter, to see if the opinion of the reviewer corresponded with my own. I found him, on the contrary, accusing W. with having charged homœopathy with assumptions it never assumed—with three fundamental principles, "*not one of which is believed by the homœopathic school, or ever has been!*" which he charitably ascribes to his ignorance—W. confessing he had "read very little on the subject." And here the parties are at issue. If W. had not good and sufficient foundation for these charges, he certainly deserved the severest censure; if, on the other hand, he had ample authority for making them, he was as certainly justified in reading no farther—for surely, with these premonitions staring him in the face, no prudent man, who had any other use for his head, would venture it within the penetralia of so crazy a fabric. To have gone farther, would require the curiosity or courage which prompted Dante to enter the gate over which he read that formidable inscription—

"All hope abandon, ye who enter here."

That he did not misapprehend or misrepresent the three leading dogmas of homœopathy, admits of very ready proof from Hahnemann's own words. As to the first, the cause of disease—after twenty years' practice upon principles which he had pronounced *infallible*, and founded upon the *immutable* laws of homœopathy, he was convinced, by numerous failures in the treatment of chronic diseases, that there was something wanting. He found himself under the necessity of groping in the dark for the occult cause of disease and of these failures. He tells us, "that he labored in profound secrecy for this great, this sublime desideratum, his very pupils knew it not, the world was to remain in ignorance of his pursuits, until he could proclaim the most inestimable gift that Divinity had bestowed upon mankind. This immortal discovery was neither more nor less than ITCH, to which malady, according to his views, since the days of Moses, seven-eighths of the physical or moral miseries to which flesh is heir were to be referred. Whether rendered evident by eruptions, or latent from our cradle, it was a curse transmitted to us, by the modification or degeneration of leprosy, through myriads of constitutions, and which only disappears from the surface to fester in malignity until it bursts forth again in the multifarious forms of innumerable diseases, amongst which we find scrofula, rickets, consumption, hysteric and hypochondriac complaints, dropsy, hemorrhage, diseases of the head and liver, deafness, erysipelas, rheumatisms, gout, loss of sight, of smell, of taste, stupidity and imbecility, and a host of others too tedious to repeat. In support of this doctrine, Hahnemann adduces ninety-five cases recorded by medical writers, in which the disappearance of the *itch* was followed by various acute and chronic maladies." That by the term *psora* he meant the common *itch*—the Scotch fiddle—is abundantly evident from the use he makes of the word in different parts of his "Organon." I know nothing equal to this theory of deriving seven-eighths of our afflictions from the *Jewish leprosy* become *itch*, except that of *Eugene Sue*, who makes his "*Wandering Jew*" the bearer of it, as Asiatic *cholera*, from India to Persia, by the Caspian, north, about through Russia and down upon Paris—and in that *particular case*, I know no better theory; he probably got the hint from Hahnemann, who, during some of his latter years, was his neighbor in Paris.

Next, as to the grand indication of cure. Medicines are to be administered which are capable of producing the same symptoms in the healthy subject as the disease of the patient exhibits. Take his own words: "The curative power of medicines is founded on the property they possess of giving rise to symptoms similar to those of the disease, but of a more intense power. Hence no disease can be overcome or cured in a certain, radical, rapid and lasting manner, but through the means of a medicine capable of provoking a group of symptoms similar to those of the disease, and at the same time possessed of a superior energetic power." Hunter advanced the doctrine long ago, that two constitutional diseases seldom or never co-exist in the same patient—but

his general plan of cure, I believe, was *contraria contrariis*. Hahnemann has improved upon this by *compelling* two diseases to co-exist, will or nill, taking care that the new one inflicted by himself, the train of symptoms excited by his remedies, should be the most severe of the two, and, "like Aaron's serpent, swallow up the other"—in short, that *similia similibus curantur* was the rule. The logic by which he supports this favorite doctrine is inimitable. "With what," he asks, "do we endeavor to relieve the olfactory nerves when offended by disagreeable odors? by snuff, which affects the nostrils in a similar but more powerful manner. By what means," he adds, "do we endeavor to protect the ears of the compassionate from the lamentations of the poor wretched soldier condemned to be scourged? Is it not by the shrill note of the fife united to the loud beat of the drum? How do we endeavor to drown the roar of distant artillery that causes terror to the heart of the soldier? by the roll of the double drum. Nor would this feeling of compassion, this sense of terror, have been checked by admonition or by splendid rewards. In the same manner our grief, our regret, subside upon receiving the intelligence, true or false, that a more lively sorrow has affected another person;" or, in other words, that our neighbor is worse off than ourselves.

Infinitesimal doses. The homœopathists contend that the most minute particles of medicine are more powerful than larger doses. They therefore have recourse to infinite trituration or dilution, in three vehicles, which they consider free from any medicinal property—distilled water, spirits of wine, and sugar of milk. By these means they procure a decillionth or quintillionth fraction of a grain. One drop of this solution is considered sufficient to saturate three hundred globules of sugar of milk, and three or four of these globules are deemed a powerful medicine. Let us quote Hahnemann's own words. "By shaking a drop of medicinal liquid with one hundred drops of alcohol *once*, that is to say, by taking the vial in the hand which contains the whole, and imparting to it a rapid motion by a single stroke of the arm descending, I shall then obtain an exact mixture of them; but two or three, or ten such movements, would develope the medicinal virtues still further, making them more potent and their action on the nerves much more penetrating. In the extenuation of powders, when it is requisite to mix one grain of a medicinal substance in one hundred grains of sugar of milk, it ought to be rubbed down with force during one hour *only*, in order that the power of the medicine may not be carried to too great an extent: medicinal substances acquiring at each division or dilution a new degree of power, as the rubbing or shaking they undergo developes that inherent virtue in medicines which was unknown until my time, and which is so energetic, that latterly I have been forced by experience to reduce the number of shakes to two."

Now, if this is not *hocus pocus*, by what other name shall we call it?

To conclude—was there any deficiency of proof, the reviewer himself has supplied it, and by example sanctioned the alleged precepts of homœopathy, which he had just disavowed. He boasts of having relieved cystitis, or acute inflammation of the bladder, with *cantharides*; and cases of painful salivation, as like mercurial salivation as that is like itself, with

homœopathic doses of mercury. Now what is this but accrediting the golden rule, *similia similibus*—casting out devils by Beelzebub the prince of devils?

I have thus, I think, exonerated W. of the charge of mistake or misstatement—the sole object I had in view, when I took pen in hand. I love to see fair play between medical or other combatants, as

A Looker On.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 12, 1845.

The Great Hydrarchos.—At this particular period, our city abounds with curiosities; but those which are predominant on account of their rarity, are the fossil bones of a marine monster on exhibition at the Horticultural Hall. A variety of opinions are expressed in regard to them. The multitude of separate blocks are so arranged as to construct the imperfect skeleton of an immense serpent, measuring one hundred and fourteen feet in length, to which has been given the name of the *Hydrarchos*, or Leviathan. One thing is undeniable, viz., that there is a prodigious number of huge vertebræ, mostly fossilized. But it is asserted by some, that they were portions of the spines of several mastodons, and that the building up of a hydrarchos depended entirely on the ingenuity of the proprietor. Some very accurate naturalists reside in Boston, who are competent to decide the question beyond the possibility of a doubt, and it will therefore be speedily determined, on satisfactory authority, to what extinct animals they really belonged, or whether they are a part of an heretofore unknown fossil monster. The results of our own conclusions, as well as those of our professional neighbors, will hereafter be published. All persons having a taste for comparative anatomy, should commence the study of these astonishing remains, as well as those of the mastodon on exhibition in Franklin street.

Petrified Human Body.—At the Marlboro' Chapel, in this city, there is now to be seen the unpleasant sight of a human body brought out of the grave; but though loathsome to the eyes, it is not offensive from any odor. It is said to be converted into a kind of lime-stone, and that when struck with a metallic instrument, both the resistance and sound are like those on striking a stone. Just over the thorax, percussion evidences a cavity. Being tightly screwed up in a box, there is no way of proving the assertions of those most interested in the receipts. If it could be sawed open, or any inspection be allowed of such parts as would not mar it as a whole for the purposes of exhibition, the question would speedily be decided whether there is a complete petrifaction—that is, an exchange of particles of animal matter for those of lime—or whether there is a simple friable incrustation of stone. How on earth the show, thus hermetrically sealed and secured beyond the reach of touch, is to subserve

the cause of science, is more than we can divine. The body is that, says the bill, of "Mrs. Morrison, who was born in Scotland, 1754. She was remarkable during her life time, for the enjoyment of good health, and was very corpulent. She died suddenly in 1824, at Berthier, Canada East, aged 70, and was buried in the ordinary manner in a clay soil. The body was exhumed with several other bodies in June, 1844, for the purpose of making room for the enlargement of the village church. In texture, it resembles soft sand stone, and is of much the same specific gravity."

Fossil Human Bones.—"It is stated in a late No. of the Madison Banner, on the most reliable authority, that a person in Franklin county, Tenn., whilst digging a well, a few weeks since, found a human skeleton, at the depth of fifty feet, which measures eighteen feet in length. The immense frame was entire, with an unimportant exception in one of the extremities. It has been visited by several of the principal members of the medical faculty in Nashville, and pronounced, by all, the skeleton of a huge man."

So much for the popular version of the story. Will Dr. Buchanan, or some other gentleman of the profession in Nashville, furnish us with the facts, if there is anything in the matter worthy of notice.

Appointment in the New York University Medical School.—A correspondent has no doubt, from the present appearances, that the number of students in the University School, New York, will exceed 400 the present term. Dr. Wm. H. Van Buren, of the U. S. A. Medical Staff, who has been a highly respected officer in the Surgeon General's office, at Washington, has removed to New York—having received the appointment of Prosector in this same institution, and he will unquestionably, therefore, resign his surgeon's commission. He is an acquisition to any institution, and this is said on our personal responsibility. His accuracy, assiduity and perseverance, the elements of fame, cannot fail of gaining for him, ultimately, in New York, that distinction which results from a vigorous determination to use these acquirements for a good purpose.

Dr. Harrison's Elements of Materia Medica and Therapeutics.—It is presumed that these two large octavos, to which reference was made last week, present a fair exhibition of Dr. Harrison's talents as a writer, and teacher in a medical school. Those who are most active in their researches for remedies, cannot hope to make many or brilliant discoveries. The whole domain of the earth's surface has been ransacked for undescribed remedies, and the latest authorities can therefore present little more than old matters under new aspects. With respect to the *modus operandi* of medicines, there will be as many opinions as there are individuals to reflect upon the subject, so that there will never be a dearth of theories. It is only by proposing some new view or modification of those already abroad, that any distinction is acquired by a person who writes upon the action of medicines. In the classification of such articles, as are admitted to be antidotes to disease, there is vast room for a re-arrangement; yet it is doubtful whether any such classification will be generally acceptable to those who prescribe medicines or comment upon them.

From the sixty-fourth page to the end of the first volume of Dr. Harri-

son's work, we find much to admire. The second volume is more massive in its dimensions, and the topics to which it is devoted are those of peculiar importance. First, *bloodletting*—about which there are as many theories as visible stars in the firmament—constitutes one chapter. Emetics follow; next cathartics; enemata, &c.; and the 5th chapter embraces excitants, stimulants, anti-spasmodics, tonics and astringents; 6th, restoration of the secretions, diaphoretics, diuretics, expectorants, emmenagogues and anthelmintics; 7th, anodyne or narcotic indications; and lastly, chapter 8th, revulsive indications. These volumes exhibit Dr. H. as a man of industry, and an exact reader of other men's books, and this is much in praise of an author in this epoch of touching and going over the highways of science. He is one of the western pioneers in medicine, who shows by his own personal activity and research, that the elements of medical science may be cultivated in the fertile regions beyond the Ohio. Something else must be forthcoming from the same source. It is quite unnatural to suppose that the wings that have borne him safely and triumphantly into public favor as a writer, are to be folded up and never spread again.

Medical Miscellany.—Dr. John Pierce, of Edgartown, Mass., is a candidate for the State Senate.—A New York editor speaks out loudly in praise of a new kind of practice, called the *chrono-thermal system of medicine.*—The American Institute, New York, has awarded silver medals to Mrs. Sarah P. Mather for a sub-marine telescope, S. B. Smith for electro-magnetic machines, B. Pike, Jr., for a galvanic battery and apparatus for decomposing water, and J. W. Bassett for artificial teeth.

To Correspondents.—In addition to communications before acknowledged, others have been received from Dr. Williams of Phœnix, N. Y.; Dr. Allen, of Middlebury, Vt.; and Dr. Howe, of Cambridge—each of which will be published in its turn.

Died.—At Montpelier, Vt., Dr. Edward Lamb, 74.

Number of deaths in Boston, for the week ending Nov. 8, 54.—Males 31, females 23. Stillborn, 2.
Of consumption, 19—smallpox, 4—disease of the heart, 3—scarlet fever, 1—pleurisy, 1—typhus fever, 4—lung fever, 7—diarrhœa, 2—teething, 1—hooping cough, 1—infantile, 3—rheumatic fever, 1—delirium tremens, 1—palsy, 1—inflammation of the bowels, 1—disease of the liver, —disease of the bladder, 1—intemperance, 3—old age, 2—hemorrhage, 1—croup, 3.
Under 5 years, 16—between 5 and 20 years, 6—between 20 and 40 years, 24—over 40 years, 8.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

Oct.	Therm.	Barometer.	Wind.	Oct.	Therm.	Barometer.	Wind.
1	from 64 to 78	from 29.07 to 29.22	S W	17	from 33 to 55	from 29.65 to 29.75	W
2	49 64	29.30 29.45	N W	18	32 63	29.62 29.65	S W
3	48 76	29.52 29.55	S W	19	45 69	29.38 29.50	S W
4	54 66	29.57 29.62	N E	20	47 50	29.49 29.58	N E
5	56 63	29.20 29.30	N E	21	32 40	29.59 29.74	N W
6	55 58	29.26 29.53	N E	22	21 48	29.84 29.88	N W
7	48 64	29.62 29.66	N E	23	29 58	29.79 29.83	S W
8	51 68	29.54 29.60	S W	24	33 67	29.57 29.61	S W
9	56 68	29.30 29.44	S E	25	38 56	29.68 29.75	N E
10	54 77	29.34 29.40	N W	26	30 62	29.74 29.78	S W
11	55 67	29.35 29.39	S E	27	39 69	29.61 29.68	W
12	67 75	29.09 29.20	S	28	52 74	29.58 29.56	N W
13	50 58	29.29 29.50	N W	29	57 74	29.30 29.48	N W
14	36 67	29.62 29.71	S W	30	56 74	29.21 29.35	W
15	47 55	29.50 29.55	N W	31	47 54	29.51 29.59	N E
16	30 47	29.75 29.81	N W				

An unusually pleasant month—very warm, dry and mild; the last ten days particularly having the character of the "Indian Summer." The fall rains have not come sufficiently to supply the earth and springs. Crops abundant, and well harvested. Esculent roots of the best quality. Range of the Thermometer from 21 to 78. Barometer, from 29.07 to 29.88. Rain, 4.44 inches.

Internal Injury from Violent Exertion.—Dr. Beesley related, at a meeting of the College of Physicians, Philadelphia, two cases in which anomalous symptoms, dependent, apparently, upon the injury of some internal organ or structure, occurred immediately subsequent to violent exertion.

A female, who was nursing her child upon a rocking chair, threw herself, accidentally, so far back as to endanger her falling, with the chair, backwards. In her effort to save herself and to protect the child from injury, she turned herself suddenly and violently around, and was instantly seized with a severe, sharp pain in the right side, and experienced, at the same time, a sensation as though something had given way internally. Notwithstanding the employment of anodynes in full doses, the pain continued to increase during that day and the following night; fever also set in, the abdomen became distended with flatus, and the occurrence of peritoneal inflammation was feared. Bloodletting, both general and topical, was resorted to, and the bowels of the patient were freely opened by active purgatives. Under this treatment, the pain was considerably relieved, but the distension of the abdomen increased.

Leeches were again applied to the latter, and the patient was put upon the use of a saline laxative mixture. She continued in a critical situation for a few days; but, finally, all symptoms of disease disappeared, and the patient was restored to her former health.

A carpenter, while at work, made a sudden violent exertion, and immediately experienced a sharp pain, and a sensation as if something had given way, within the abdomen. He was immediately taken home, confined to his bed, and placed under the influence of a full dose of morphia. No fever ensued; the pain, however, continued to be felt, and was referred to a single spot; by continuing the patient at rest, however, and the continued use of opiates, it gradually diminished, and in a few days entirely disappeared.—*Transactions of the Philadelphia College of Physicians.*

Compound Dislocation of the Thumb. By Frederick Richardson, Surgeon, Cheltenham.—August 4th.—J. E——, aged 55, a master carpenter, came to me with the second phalanx of the thumb of the left hand dislocated, and forced through the integuments, by a heavy piece of timber falling upon it. The soft parts were much torn, and the branch of the median nerve supplying the thumb so tightly twisted over the head of the bone, that it was impossible to disengage it. As there was not sufficient hold to produce the necessary extension, I divided the nerve and removed the head of the bone; reduction was then easily effected, the wound brought together with adhesive plaster, bandage and splint applied, and the man directed to keep it wet with cold water for two or three days.

To my surprise, the wound healed by the first intention, without the least suppuration, or any unpleasant symptom; the patient was not an hour from his work, and can now use the injured thumb as well as the other, except its being a little shorter.

Query.—Did the division of the nerve tend to the speedy recovery, by diminishing irritability?—*London Lancet.*

A case of twins, one black and the other white, is said, in the Medical Examiner, to have lately occurred in Virginia.